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NO. 2573 P. 1

DEC. 22 2004

PABST PATENT GROUP



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TELEFAX

Date: December 22, 2004

Total pages: *2*
(incl. cover sheet)

To: US PTO

Telephone: **703-872-9306**

From: Patrea L. Pabst

Telephone: **404-879-2151** Telefax: **404-879-2160**

Our Docket No. NPA 100

Client/Matter No. **092583-00004**

Your Docket No.

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bernhard A. Sabel and Ulrike Schroeder

Serial No.: 09/445,439

Art Unit: **1616**

Filed: February 23, 2000

Examiner: Michael G. Hartley

For: **DRUG TARGETING SYSTEM, METHOD OF ITS PREPARATION AND USE**

{45048193.1}

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CENTRAL EXAMINER

NO. 2573 P. 2

DEC. 22 2004

PTO/SB/21 (08-04)

Approved for use through 07/31/2008, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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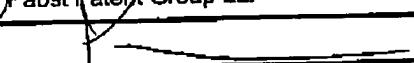
Total Number of Pages in This Submission

| | |
|------------------------|--------------------|
| Application Number | 09/445,439 |
| Filing Date | February 23, 2000 |
| First Named Inventor | Bernhard A. Sabel |
| Art Unit | 1616 |
| Examiner Name | Michael G. Hartley |
| Attorney Docket Number | NPA 100 |

ENCLOSURES (Check all that apply)

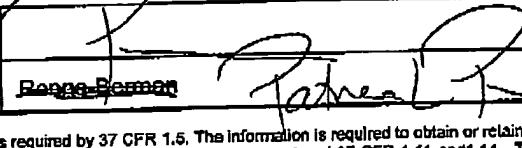
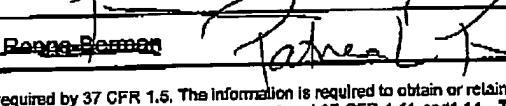
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Pabst Patent Group LLP | | |
| Signature |  | | |
| Printed name | Patrea L. Pabst | | |
| Date | December 22, 2004 | Reg. No. | 31,284 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Date December 22, 2004

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PABST PATENT GROUP

NO. 2573 P. 3

PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 475.00)

Complete If Known

| | |
|----------------------|--------------------|
| Application Number | 09/445,439 |
| Filing Date | February 23, 2000 |
| First Named Inventor | Bernhard A. Sabel |
| Examiner Name | Michael G. Hartley |
| Art Unit | 1616 |
| Attorney Docket No. | NPA 100 |

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

360 180

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 26 - 26 or HP = | 0 | x | = | _____ | _____ |
| HP = highest number of total claims paid for, if greater than 20 | | | | _____ | _____ |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 2 - 3 or HP = | 0 | x | = |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | _____ | Fee Paid (\$) |

4. OTHER FEES

Non-English Specification \$130 fee (no small entity discount)

475.00

Other: Petition for Extension of Time (two months); Notice of Appeal

| | | | |
|-------------------|------------------|---|--------------------------|
| SUBMITTED BY | | Registration No. 31,284 (Attorney/Agent) | Telephone (404) 879-2151 |
| Signature | | | Date December 22, 2004 |
| Name (Print/Type) | Patreia L. Pabst | | |

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